

H-8059

1 Amend House File 2236 as follows:

2 1. Page 8, after line 4 by inserting:

3 <Sec. \_\_\_\_\_. Section 514C.19, Code 2018, is amended to read  
4 as follows:

5 **514C.19 Prescription contraceptive coverage.**

6 1. For purposes of this section:

7 a. "Dispense" means the same as defined in section 155A.3.

8 b. "Health care professional" means the same as defined in  
9 section 514J.102.

10 c. "Prescription contraceptive" means a medically acceptable  
11 oral drug or contraceptive patch or ring that is used to  
12 prevent pregnancy, and requires a prescription.

13 ~~1.~~ 2. Notwithstanding the uniformity of treatment  
14 requirements of [section 514C.6](#), a group policy, ~~or~~ contract, or  
15 plan providing for third-party payment or prepayment of health  
16 or medical expenses shall not do either of the following:

17 a. Exclude or restrict benefits for a prescription  
18 ~~contraceptive drugs or prescription contraceptive devices which~~  
19 ~~prevent conception and which are contraceptive that is approved~~  
20 by the United States food and drug administration, or a generic  
21 ~~equivalents~~ equivalent approved as ~~substitutable~~ a substitute  
22 by the United States food and drug administration, if such  
23 ~~policy, or contract, or plan~~ provides ~~benefits~~ a benefit for  
24 any other outpatient prescription ~~drugs~~ drug or ~~devices~~ device.  
25 Such policy, contract, or plan shall provide for payment to a  
26 health care professional that dispenses any of the following to  
27 a covered person:

28 (1) A three-month supply of a prescription contraceptive  
29 the first time the prescription contraceptive is dispensed to  
30 the covered person.

31 (2) A twelve-month supply of a prescription contraceptive  
32 for any subsequent dispensing of the same prescription  
33 contraceptive to the covered person.

34 (3) A three-month supply of a prescription vaginal  
35 contraceptive ring.



1 policy, or contract, or plan is provided.

2 *b.* A deductible, coinsurance, or copayment for benefits a  
3 benefit for a prescription contraceptive ~~devices~~ device shall  
4 not be greater than such deductible, coinsurance, or copayment  
5 for any outpatient prescription device for which coverage under  
6 the policy, or contract, or plan is provided.

7 *c.* A deductible, coinsurance, or copayment for benefits a  
8 benefit for an outpatient contraceptive ~~services~~ service shall  
9 not be greater than such deductible, coinsurance, or copayment  
10 for any outpatient health care ~~services~~ service for which  
11 coverage under the policy, or contract, or plan is provided.

12 ~~4.~~ 5. This section shall not be construed to require  
13 a third-party payor under a policy, or contract, or plan  
14 to provide ~~benefits a~~ benefit for an experimental or  
15 investigational contraceptive ~~drugs~~ drug or ~~devices~~ device, or  
16 experimental or investigational contraceptive ~~services~~ service,  
17 except to the extent that such policy, or contract, or plan  
18 provides coverage for any other experimental or investigational  
19 outpatient prescription ~~drugs~~ drug or ~~devices~~ device, or  
20 experimental or investigational outpatient health care ~~services~~  
21 service.

22 ~~5.~~ 6. This section shall not be construed to limit or  
23 otherwise discourage the any of the following:

24 *a.* The use of a generic equivalent ~~drugs~~ drug approved  
25 by the United States food and drug administration, ~~whenever~~  
26 if available and appropriate. ~~This section~~, when a brand  
27 name ~~drug is requested by a covered individual and a suitable~~  
28 ~~generic equivalent is available and appropriate~~, shall not be  
29 ~~construed to prohibit a~~

30 *b.* A third-party payor from requiring the a covered  
31 individual to pay a deductible, coinsurance, or copayment  
32 consistent with subsection ~~3~~ 4, in addition to the difference  
33 of the cost of the brand name drug less the maximum covered  
34 amount for a generic equivalent.

35 7. This section shall not be construed to require a

1 third-party payor to provide payment to a health care  
2 professional for dispensing a prescription contraceptive to  
3 replace a prescription contraceptive that has been dispensed  
4 to a covered person and that has been misplaced, stolen, or  
5 destroyed. This section shall not be construed to require a  
6 third-party payor to replace covered prescriptions that are  
7 misplaced, stolen, or destroyed.

8 ~~6.~~ 8. A person who provides an individual policy, ~~or~~  
9 contract, or plan providing for third-party payment or  
10 prepayment of health or medical expenses shall make available  
11 a coverage provision that satisfies the requirements in  
12 subsections ~~±~~ 2 through ~~5~~ 7 in the same manner as such  
13 requirements are applicable to a group policy, ~~or contract, or~~  
14 plan under those subsections. The policy, ~~or contract, or plan~~  
15 shall provide that the individual policyholder may reject the  
16 coverage provision at the option of the policyholder.

17 ~~7.~~ 9. *a.* ~~This section applies shall apply~~ to the following  
18 classes of third-party payment provider policies, contracts, or  
19 policies and plans delivered, issued for delivery, continued,  
20 or renewed in this state on or after July 1, ~~2000~~ 2018:

21 (1) Individual or group accident and sickness insurance  
22 providing coverage on an expense-incurred basis.

23 (2) An individual or group hospital or medical service  
24 contract issued pursuant to ~~chapter 509, 514, or 514A.~~

25 (3) An individual or group health maintenance organization  
26 contract regulated under ~~chapter 514B.~~

27 (4) Any other entity engaged in the business of insurance,  
28 risk transfer, or risk retention, which is subject to the  
29 jurisdiction of the commissioner.

30 (5) A plan established pursuant to ~~chapter 509A~~ for public  
31 employees.

32 *b.* ~~This section~~ shall not apply to accident-only,  
33 specified disease, short-term hospital or medical, hospital  
34 confinement indemnity, credit, dental, vision, Medicare  
35 supplement, long-term care, basic hospital and medical-surgical

1 expense coverage as defined by the commissioner, disability  
2 income insurance coverage, coverage issued as a supplement  
3 to liability insurance, workers' compensation or similar  
4 insurance, or automobile medical payment insurance.>  
5 2. Title page, by striking lines 1 through 3 and  
6 inserting <An Act relating to the commissioner of insurance  
7 as the agent or attorney for service of process and as the  
8 regulator of insurance coverage for dispensing of prescription  
9 contraceptives, and resolving>  
10 3. By renumbering as necessary.

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BENNETT of Linn